

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-1319	I	FROM 6/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 5/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 10/26/2009 TIME 15:18

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

HAMMOND-HENRY HOSPITAL 14-1319

FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2008 AND ENDING 5/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 10/26/2009 TIME 15:18

ejAqzuLabP7r4gyjxFrd:tjMAICP20
Ba.HN09kaqL6QFYUaMT:T1XwQ3HS1C
Y24nQhmcB0J3xib

PI ENCRYPTION INFORMATION
DATE: 10/26/2009 TIME 15:18

7pINMjCA8aYdp8Lf0y5zJUuvSTULz0
wkoD.011zvVhxn2KyrKEQ:7JDDbpns
Nvhx4UYR.:0.dJQA

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3	4		
1	HOSPITAL	0	-112,767	-3,877	0	
3	SWING BED - SNF	0	-30,219	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-142,986	-3,877	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 10/25/2009 TIME 10:02

PART I - CERTIFICATION

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	-112,767	-3,877	0	
3 SWING BED - SNF	0	-30,219	0	0	
5 HOSPITAL-BASED SNF	0	0	0	0	
7 HOSPITAL-BASED HHA	0	0	0	0	
100 TOTAL	0	-142,986	-3,877	0	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 600 N. COLLEGE AVENUE
 1.01 CITY: GENESEO P.O. BOX:
 STATE: IL ZIP CODE: 61254-1099 COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX
02.00 HOSPITAL	HAMMOND-HENRY HOSPITAL	14-1319		6/ 4/2002	N O O
04.00 SWING BED - SNF	HAMMOND-HENRY SWING BED	14-2319		5/21/2003	N O N
06.00 HOSPITAL-BASED SNF	HAMMOND-HENRY SKILLED NURSING	14-5464		6/ 1/1983	N P N
09.00 HOSPITAL-BASED HHA	HAMMOND-HENRY HOME HEALTH SERVICES	14-7450		6/ 5/1986	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 6/ 1/2008 TO: 5/31/2009

18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(C)(3) OR 42 CFR 412.105(F)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/	/
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/	/
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N	
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2 3 4
		100	0.8340 0.8340
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	2 14 14

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	1.03%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.19%	Y
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N

MISCELLANEOUS COST REPORT INFORMATION

32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V XVIII XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	1 2 3
		N N N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 304,873
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRU). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRU).

0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

/ /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	67,656.00		1,592		286
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					1,074		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	67,656.00		2,666		286
11 NURSERY							96
12 TOTAL	25	9,125	67,656.00		2,666		382
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	25	9,125			1,249		1,261
17 OTHER LONG TERM CARE	32	11,680					
18 HOME HEALTH AGENCY					4,923		
25 TOTAL	82						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / O/P VISITS NOT ADMITTED 6	TOTAL ALL PATS 6.01	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.02	INTERNS & RES. LESS I&R REPL NON-PHYS ANES 7	FTES 8
1 ADULTS & PEDIATRICS			2,819			
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF			1,103			
4 ADULTS & PED-SB NF			89			
5 TOTAL ADULTS AND PEDS			4,011			
11 NURSERY			229			
12 TOTAL			4,240			
13 RPCH VISITS						
15 SKILLED NURSING FACILITY			4,389			
17 OTHER LONG TERM CARE			9,717			
18 HOME HEALTH AGENCY			7,167			
25 TOTAL						
26 OBSERVATION BED DAYS			570		570	
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					438	128	894
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
11 NURSERY							
12 TOTAL		197.41			438	128	894
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		11.47					
17 OTHER LONG TERM CARE		18.66					29
18 HOME HEALTH AGENCY		7.04					
25 TOTAL		234.58					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 10/25/2009
I 14-1319	I FROM 6/ 1/2008	I WORKSHEET S-4
I HHA NO:	I TO 5/31/2009	I
I 14-7450	I	I
I COUNTY:	I HENRY	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,369	0	0
2 UNDUPLICATED CENSUS COUNT		195.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	1,369
2 UNDUPLICATED CENSUS COUNT	195.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	1.16		1.16
6 DIRECTING NURSING SERVICE	3.91		3.91
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.97		.97
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1960	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	2,194	173	36	32
22 SKILLED NURSING VISIT CHARGES	252,959	19,895	4,126	3,680
23 PHYSICAL THERAPY VISITS	1,247	0	1	16
24 PHYSICAL THERAPY VISIT CHARGES	180,565	0	145	2,320
25 OCCUPATIONAL THERAPY VISITS	221	3	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	31,915	435	0	0
27 SPEECH PATHOLOGY VISITS	27	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,895	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	44	22	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	7,880	3,960	0	0
31 HOME HEALTH AIDE VISITS	879	0	0	28
32 HOME HEALTH AIDE VISIT CHARGES	54,382	0	0	1,736
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,612	198	37	76
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	531,596	24,290	4,271	7,736
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	267	0	17	4
37 TOTAL NUMBER OF OUTLIER EPISODES	0	4	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	1,894	345	0	22

Health Financial Systems	MCRIF32	FOR HAMMOND-HENRY HOSPITAL	IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)		
HOSPITAL-BASED HOME HEALTH AGENCY	I	PROVIDER NO:	I	PERIOD:	I
STATISTICAL DATA	I	14-1319	I	FROM 6/ 1/2008	I
	I	HHA NO:	I	TO 5/31/2009	I
HOME HEALTH AGENCY STATISTICAL DATA	I	14-7450	I		I
		COUNTY:	HENRY		

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,435
22 SKILLED NURSING VISIT CHARGES	0	0	280,660
23 PHYSICAL THERAPY VISITS	0	0	1,264
24 PHYSICAL THERAPY VISIT CHARGES	0	0	183,030
25 OCCUPATIONAL THERAPY VISITS	0	0	224
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	32,350
27 SPEECH PATHOLOGY VISITS	0	0	27
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,895
29 MEDICAL SOCIAL SERVICE VISITS	0	0	66
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	11,840
31 HOME HEALTH AIDE VISITS	0	0	907
32 HOME HEALTH AIDE VISIT CHARGES	0	0	56,118
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,923
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	567,893
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	288
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	2,261

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET S-7
I		I	TO 5/31/2009	I	

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC		30				
2	RUB		30				
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		56				
5	RVB		303				
6	RVA		21				
6 .01	RVX		14				
6 .02	RVL		167				
7	RHC		98				
8	RHB		121				
9	RHA		89				
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB		16				
12	RMA		37				
12 .01	RMX		47				
12 .02	RML		131				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		35				
17	SE1						
18	SSC						
19	SSB						
20	SSA		46				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		8				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		1,249				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.8340
Wage Index Factor (after 10/01):	:	0.8340
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	14
SNF CBSA Code	:	14

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGs	DAYS		
	1	2	4.05	4.06	5	
1	RUC					
2	RUB					
3	RUA					
3 .01	RUX					
3 .02	RUL					
4	RVC					
5	RVB					
6	RVA					
6 .01	RVX					
6 .02	RVL					
7	RHC					
8	RHB					
9	RHA					
9 .01	RHX					
9 .02	RHL					
10	RMC					
11	RMB					
12	RMA					
12 .01	RMX					
12 .02	RML					
13	RLB					
14	RLA					
14 .01	RLX					
15	SE3					
16	SE2					
17	SE1					
18	SSC					
19	SSB					
20	SSA					
21	CC2					
22	CC1					
23	CB2					
24	CB1					
25	CA2					
26	CA1					
27	IB2					
28	IB1					
29	IA2					
30	IA1					
31	BB2					
32	BB1					
33	BA2					
34	BA1					
35	PE2					
36	PE1					
37	PD2					
38	PD1					
39	PC2					
40	PC1					
41	PB2					
42	PB1					
43	PA2					
44	PA1					
45	Default					
46	TOTAL					

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.8340
Wage Index Factor (after 10/01) : 0.8340
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : RURAL
SNF MSA Code : 14
SNF CBSA Code : 14

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1319
II PERIOD:
I FROM 6/ 1/2008
I TO 5/31/2009I PREPARED 10/25/2009
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,125,906	1,125,906	495,574	1,621,480
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		964,494	964,494	18,728	983,222
5	0500	EMPLOYEE BENEFITS	159,134	2,129,880	2,289,014		2,289,014
6.02	0620	DATA PROCESSING	265,114	222,814	487,928		487,928
6.03	0630	PURCHASING, RECEIVING AND STORES	103,636	14,883	118,519		118,519
6.04	0640	ADMITTING	139,429	4,721	144,150		144,150
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	205,986	133,309	339,295		339,295
6.06	0660	ADMINISTRATIVE & GENERAL	602,722	1,640,464	2,243,186	-83,086	2,160,100
8	0800	OPERATION OF PLANT	171,110	780,441	951,551	-57,735	893,816
9	0900	LAUNDRY & LINEN SERVICE	25,401	101,028	126,429		126,429
10	1000	HOUSEKEEPING	286,238	71,283	357,521		357,521
11	1100	DIETARY	438,677	397,494	836,171		836,171
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	104,040	13,336	117,376		117,376
15	1500	CENTRAL SERVICES & SUPPLY		104,149	104,149		104,149
16	1600	PHARMACY	165,484	692,538	858,022	-486,079	371,943
17	1700	MEDICAL RECORDS & LIBRARY	265,745	52,902	318,647		318,647
18	1800	SOCIAL SERVICE	121,058	4,061	125,119		125,119
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,623,325	442,236	2,065,561	-32,395	2,033,166
33	3300	NURSERY	105,291	29	105,320		105,320
34	3400	SKILLED NURSING FACILITY	427,870	35,282	463,152		463,152
36	3600	OTHER LONG TERM CARE	555,384	34,476	589,860		589,860
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,037,957	1,156,663	2,194,620		2,194,620
39	3900	DELIVERY ROOM & LABOR ROOM				32,395	32,395
40	4000	ANESTHESIOLOGY	572,011	212,412	784,423		784,423
41	4100	RADIOLOGY-DIAGNOSTIC	620,710	1,431,909	2,052,619		2,052,619
44	4400	LABORATORY	437,026	632,504	1,069,530		1,069,530
50	5000	PHYSICAL THERAPY	713,983	158,805	872,788		872,788
51	5100	OCCUPATIONAL THERAPY	262,604	11,941	274,545		274,545
52	5200	SPEECH PATHOLOGY	19,388	12,397	31,785		31,785
53	5300	ELECTROCARDIOLOGY	296,903	198,728	495,631		495,631
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS				486,079	486,079
59	3950	DURABLE MEDICAL EQUIPMENT					
59.01	3951	SLEEP LAB	73,098	42,448	115,546		115,546
59.02	3020	IV THERAPY					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	399,227	1,315,544	1,714,771		1,714,771
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	342,638	89,783	432,421		432,421
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		487,693	487,693	-487,693	
95		SUBTOTALS	10,541,189	14,716,553	25,257,742	-114,212	25,143,530
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES				15,559	15,559
98.02	9802	ORTHO CLINIC	48,077	9,951	58,028		58,028
98.03	9803	LEASED SPACE				98,653	98,653
98.04	9804	COLONA CLINIC		4,233	4,233		4,233
98.05	9805	WOUND CARE CLINIC	15,748	93,230	108,978		108,978
98.06	9806	PAIN MANAGEMENT	377	52	429		429
100	7950	OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951	PHYSICIAN BILLING COSTS					
100.02	7952	KELLY MEDICAL RENTAL AREA					
100.03	7953	ANESTHESIA BILLING					
101		TOTAL	10,605,391	14,824,019	25,429,410	-0-	25,429,410

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 14-1319

I

I PERIOD:

I FROM 6/ 1/2008

I TO 5/31/2009

I PREPARED 10/25/2009

I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-301,653	1,319,827
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-3,462	979,760
5	0500	EMPLOYEE BENEFITS	-114,402	2,174,612
6.02	0620	DATA PROCESSING		487,928
6.03	0630	PURCHASING, RECEIVING AND STORES	-1,097	117,422
6.04	0640	ADMITTING		144,150
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE		339,295
6.06	0660	ADMINISTRATIVE & GENERAL	-218,931	1,941,169
8	0800	OPERATION OF PLANT		893,816
9	0900	LAUNDRY & LINEN SERVICE		126,429
10	1000	HOUSEKEEPING		357,521
11	1100	DIETARY	-150,886	685,285
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION		117,376
15	1500	CENTRAL SERVICES & SUPPLY	-100	104,049
16	1600	PHARMACY		371,943
17	1700	MEDICAL RECORDS & LIBRARY	-1,051	317,596
18	1800	SOCIAL SERVICE		125,119
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-3,174	2,029,992
33	3300	NURSERY		105,320
34	3400	SKILLED NURSING FACILITY	-1,951	461,201
36	3600	OTHER LONG TERM CARE	-1,983	587,877
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		2,194,620
39	3900	DELIVERY ROOM & LABOR ROOM		32,395
40	4000	ANESTHESIOLOGY	-784,423	
41	4100	RADIOLOGY-DIAGNOSTIC		2,052,619
44	4400	LABORATORY		1,069,530
50	5000	PHYSICAL THERAPY	-125,692	747,096
51	5100	OCCUPATIONAL THERAPY		274,545
52	5200	SPEECH PATHOLOGY		31,785
53	5300	ELECTROCARDIOLOGY	-41,272	454,359
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600	DRUGS CHARGED TO PATIENTS		486,079
59	3950	DURABLE MEDICAL EQUIPMENT		
59.01	3951	SLEEP LAB		115,546
59.02	3020	IV THERAPY		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
61	6100	EMERGENCY	-681,564	1,033,207
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
71	7100	HOME HEALTH AGENCY	-8,604	423,817
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
95		SUBTOTALS	-2,440,245	22,703,285
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		15,559
98.02	9802	ORTHO CLINIC		58,028
98.03	9803	LEASED SPACE		98,653
98.04	9804	COLONA CLINIC		4,233
98.05	9805	WOUND CARE CLINIC		108,978
98.06	9806	PAIN MANAGEMENT		429
100	7950	OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951	PHYSICIAN BILLING COSTS		
100.02	7952	KELLY MEDICAL RENTAL AREA		
100.03	7953	ANESTHESIA BILLING		
101		TOTAL	-2,440,245	22,989,165

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 5/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	DURABLE MEDICAL EQUIPMENT	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.02	IV THERAPY	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.02	ORTHO CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	LEASED SPACE	9803	PHYSICIANS' PRIVATE OFFICES
98.04	COLONA CLINIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	WOUND CARE CLINIC	9805	PHYSICIANS' PRIVATE OFFICES
98.06	PAIN MANAGEMENT	9806	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PHYSICIAN BILLING COSTS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	KELLY MEDICAL RENTAL AREA	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ANESTHESIA BILLNG	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141319

PERIOD:

FROM 6/ 1/2008
TO 5/31/2009PREPARED 10/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56			486,079
2 FMA BUILDING DEPR	F	PHYSICIANS' PRIVATE OFFICES	98			15,559
3 APART RENTAL EXP	H	LEASED SPACE	98.03			57,735
4 INTEREST EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			480,534
5 OTHER INT EXP - CAP LEASE	J	NEW CAP REL COSTS-MVBLE EQUIP	4			7,159
6 OTHER CAPITAL COSTS	K	NEW CAP REL COSTS-BLDG & FIXT	3			30,599
7		NEW CAP REL COSTS-MVBLE EQUIP	4			11,569
8 OFFICE HOUSEKEEPING/MAINT/OTHER	N	LEASED SPACE	98.03		26,667	14,251
9 DELIVERY AND LABOR RECLASS	O	DELIVERY ROOM & LABOR ROOM	39		32,395	
10 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40			572,011
11		ADMINISTRATIVE & GENERAL	6.06			65,159
36 TOTAL RECLASSIFICATIONS					59,062	1,740,655

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141319

PERIOD:

FROM 6/ 1/2008
TO 5/31/2009

PREPARED 10/25/2009

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16			486,079	
2 FMA BUILDING DEPR	F	NEW CAP REL COSTS-BLDG & FIXT	3			15,559	9
3 APART RENTAL EXP	H	OPERATION OF PLANT	8			57,735	
4 INTEREST EXPENSE	I	INTEREST EXPENSE	88			480,534	9
5 OTHER INT EXP - CAP LEASE	J	INTEREST EXPENSE	88			7,159	9
6 OTHER CAPITAL COSTS	K	ADMINISTRATIVE & GENERAL	6.06			42,168	9
7							9
8 OFFICE HOUSEKEEPING/MAINT/OTHER	N	ADMINISTRATIVE & GENERAL	6.06		26,667	14,251	
9 DELIVERY AND LABOR RECLASS	O	ADULTS & PEDIATRICS	25		32,395		
10 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40		572,011		
11		ADMINISTRATIVE & GENERAL	6.06		65,159		
36 TOTAL RECLASSIFICATIONS					696,232	1,103,485	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
141319

PERIOD:

FROM 6/ 1/2008

TO 5/31/2009

PREPARED 10/25/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	486,079
TOTAL RECLASSIFICATIONS FOR CODE A			486,079

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	486,079	
			486,079

RECLASS CODE: F

EXPLANATION : FMA BUILDING DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	15,559
TOTAL RECLASSIFICATIONS FOR CODE F			15,559

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	15,559	
			15,559

RECLASS CODE: H

EXPLANATION : APART RENTAL EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	57,735
TOTAL RECLASSIFICATIONS FOR CODE H			57,735

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	57,735	
			57,735

RECLASS CODE: I

EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	480,534
TOTAL RECLASSIFICATIONS FOR CODE I			480,534

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	480,534	
			480,534

RECLASS CODE: J

EXPLANATION : OTHER INT EXP - CAP LEASE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,159
TOTAL RECLASSIFICATIONS FOR CODE J			7,159

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	7,159	
			7,159

RECLASS CODE: K

EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	30,599
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	11,569
TOTAL RECLASSIFICATIONS FOR CODE K			42,168

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	42,168	
			0
			42,168

RECLASS CODE: N

EXPLANATION : OFFICE HOUSEKEEPING/MAINT/OTHER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	40,918
TOTAL RECLASSIFICATIONS FOR CODE N			40,918

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	40,918	
			40,918

RECLASS CODE: O

EXPLANATION : DELIVERY AND LABOR RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	32,395
TOTAL RECLASSIFICATIONS FOR CODE O			32,395

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	32,395	
			32,395

RECLASS CODE: P

EXPLANATION : RECLASS SALARIES FOR B-1 EB ALLOC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ANESTHESIOLOGY	40	572,011
2.00	ADMINISTRATIVE & GENERAL	6.06	65,159
TOTAL RECLASSIFICATIONS FOR CODE P			637,170

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ANESTHESIOLOGY	40	572,011	
ADMINISTRATIVE & GENERAL	6.06	65,159	
			637,170

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	798,307	310,236		310,236		1,108,543	
2	LAND IMPROVEMENTS	688,059	6,165		6,165		694,224	
3	BUILDINGS & FIXTURE	22,601,144	23,438		23,438	28,513	22,596,069	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	8,989,454	715,145		715,145	479,841	9,224,758	
7	SUBTOTAL	33,076,964	1,054,984		1,054,984	508,354	33,623,594	
8	RECONCILING ITEMS							
9	TOTAL	33,076,964	1,054,984		1,054,984	508,354	33,623,594	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	
*		1	2	3	4	5	6	7
3	NEW CAP REL COSTS-BL	23,290,293		23,290,293	.716293			
4	NEW CAP REL COSTS-MV	9,224,758		9,224,758	.283707			
5	TOTAL	32,515,051		32,515,051	1.000000			

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,319,827						1,319,827
4	NEW CAP REL COSTS-MV	979,760						979,760
5	TOTAL	2,299,587						2,299,587

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,125,906						1,125,906
4	NEW CAP REL COSTS-MV	964,494						964,494
5	TOTAL	2,090,400						2,090,400

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1319
II PERIOD: I PREPARED 10/25/2009
I FROM 6/ 1/2008 I WORKSHEET A-8
I TO 5/31/2009 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-22,169	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,537	ADMINISTRATIVE & GENERAL	6.06	
10 TELEVISION AND RADIO SERVICE	A	-3,462	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-722,836			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-123,013	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,051	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-5,070	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INSTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PHYSICIAN RECRUITMENT EXPENSE	A	6,384	ADMINISTRATIVE & GENERAL	6.06	
37.01 DIETARY RECEIPTS - OTHER	B	-22,803	DIETARY	11	
37.02 ON THE MOVE PROGRAM	B	-1,375	ADMINISTRATIVE & GENERAL	6.06	
37.03 BABY PICTURE INCOME	B	-563	ADMINISTRATIVE & GENERAL	6.06	
37.05 CRNA FRINGES	A	-114,402	EMPLOYEE BENEFITS	5	
37.08 ADVERTISING EXPENSE	A	-110,872	ADMINISTRATIVE & GENERAL	6.06	
37.09 NURSE ANESTHESIA EXPENSE	A	-784,423	ANESTHESIOLOGY	40	
37.10 PHYSICIANS' INCOME GUARANTEE	A	-116,662	NEW CAP REL COSTS-BLDG &	3	9
37.11 SUPPLIES REBATES	B	-100	CENTRAL SERVICES & SUPPLY	15	
37.13 FOUNDATION EXPENSES	A	-77,760	ADMINISTRATIVE & GENERAL	6.06	
37.16 ATHLETIC TRAINING REVENUE	B	-16,980	PHYSICAL THERAPY	50	
38 MEDICAID BED TAX	A	-31,208	ADMINISTRATIVE & GENERAL	6.06	
39 LIFELINE REVENUE	B	-8,604	HOME HEALTH AGENCY	71	
40 A/P REVENUE	B	-1,097	PURCHASING, RECEIVING AND	6.03	
41 PHYSICAL THERAPY TO SUMMIT	B	-60,462	PHYSICAL THERAPY	50	
42 UNNECESSARY BORROWING	A	-162,822	NEW CAP REL COSTS-BLDG &	3	9
43					
44 CABLE TV	A	-3,174	ADULTS & PEDIATRICS	25	
45 CABLE TV	A	-1,951	SKILLED NURSING FACILITY	34	
46 CABLE TV	A	-1,983	OTHER LONG TERM CARE	36	
47 PT OUTREACH REVENUE	B	-48,250	PHYSICAL THERAPY	50	
48 OTHER ADJUSTMENTS (SPECIFY)					
48.01					
48.02					
48.03					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,440,245			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1319
II PERIOD:
I FROM 6/ 1/2008 I PREPARED 10/25/2009
I TO 5/31/2009 I WORKSHEET A-8-2
I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	44	LABORATORY	57,300		57,300				
2	61	EMERGENCY	1,196,893	681,564	515,329				
3	53	EKG	41,272	41,272					
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,295,465	722,836	572,629				

	WKSHT A	COST CENTER/ PHYSICIAN	COST OF MEMBERSHIPS & CONTINUING	PROVIDER COMPONENT	PHYSICIAN COST OF	PROVIDER COMPONENT	ADJUSTED	RCE	
	LINE NO.	IDENTIFIER	EDUCATION	SHARE OF	MALPRACTICE	SHARE OF	RCE	DIS-	ADJUSTMENT
	10	11	12	13	14	15	16	ALLOWANCE	18
1	44	LABORATORY							
2	61	EMERGENCY							681,564
3	53	EKG							41,272
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							722,836

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 5/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.02	DATA PROCESSING	8	TIME SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	SUPPLY COST	ENTERED
6.04	ADMITTING	10	GROSS CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	11	GROSS PT. CHARGES	ENTERED
6.06	ADMINISTRATIVE & GENERAL	-12	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	14	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF SERVICE	ENTERED
11	DIETARY	17	MEALS SERVED	ENTERED
12	CAFETERIA	18	FTE'S	ENTERED
14	NURSING ADMINISTRATION	20	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	21	COSTED REQUIS	ENTERED
16	PHARMACY	22	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	23	GROSS PT. CHARGES	ENTERED
18	SOCIAL SERVICE	24	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:
I 14-1319
II PERIOD:
I FROM 6/ 1/2008
I TO 5/31/2009I PREPARED 10/25/2009
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING
		0	3	4	5	6.02	6.03	6.04
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	1,319,827	1,319,827					
004	NEW CAP REL COSTS-MVBLE E	979,760		979,760				
005	EMPLOYEE BENEFITS	2,174,612	2,684	891	2,178,187			
006	02 DATA PROCESSING	487,928	12,310	265,347	58,871	824,456		
006	03 PURCHASING, RECEIVING AND	117,422	28,380	109	23,013	14,525	183,449	
006	04 ADMITTING	144,150	6,942		30,961	6,647	299	188,999
006	05 CASHIERING/ACCOUNTS RECEI	339,295	17,495	2,721	45,741	11,078	617	
006	06 ADMINISTRATIVE & GENERAL	1,941,169	129,293	19,510	113,449	210,237	3,800	
008	OPERATION OF PLANT	893,816	131,226	40,594	37,996		4,699	
009	LAUNDRY & LINEN SERVICE	126,429	9,460	113	5,640		244	
010	HOUSEKEEPING	357,521	7,493	3,165	63,561	492	3,900	
011	DIETARY	685,285	50,413	8,780	97,412	2,216	3,138	
012	CAFETERIA					3,200		
014	NURSING ADMINISTRATION	117,376	1,268	282	23,103		34	
015	CENTRAL SERVICES & SUPPLY	104,049		37,926			4,601	
016	PHARMACY	371,943	12,100	3,660	36,747	34,465	1,336	
017	MEDICAL RECORDS & LIBRARY	317,596	25,346	14,347	59,011	33,727	608	
018	SOCIAL SERVICE	125,119	3,043		26,882	5,908	46	
025	INPAT ROUTINE SRVC CNTRS							
033	ADULTS & PEDIATRICS	2,029,992	127,588	69,006	353,277	83,209	11,556	11,613
033	NURSERY	105,320		2,376	23,381			635
034	SKILLED NURSING FACILITY	461,201	91,243	7,640	95,012	19,941	2,047	1,675
036	OTHER LONG TERM CARE	587,877	113,774	4,778	123,327	4,677	1,754	6,189
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,194,620	118,426	135,330	230,487	58,837	83,509	39,545
039	DELIVERY ROOM & LABOR ROO	32,395	4,940		7,194	10,586		805
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	2,052,619	62,146	250,833	137,834	173,803	18,103	39,585
044	LABORATORY	1,069,530	13,823	19,764	97,045	20,433	22,473	16,916
050	PHYSICAL THERAPY	747,096	28,450	22,599	158,546	23,141	2,802	13,000
051	OCCUPATIONAL THERAPY	274,545	20,302	1,111	58,313	3,447	341	4,052
052	SPEECH PATHOLOGY	31,785	6,750	1,467	4,305		16	349
053	ELECTROCARDIOLOGY	454,359	13,543	19,175	65,930	27,818	1,064	8,476
055	MEDICAL SUPPLIES CHARGED							1,004
056	DRUGS CHARGED TO PATIENTS	486,079						18,433
059	DURABLE MEDICAL EQUIPMENT							
059	01 SLEEP LAB	115,546	4,616	2,685	16,232		634	2,505
059	02 IV THERAPY							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	1,033,207	29,657	31,350	88,652	15,509	6,500	17,572
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	423,817	10,929	10,144	76,086	12,555	1,980	
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	22,703,285	1,083,640	975,703	2,158,008	776,451	176,101	182,354
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		8,743					
098	PHYSICIANS' PRIVATE OFFIC	15,559	40,568	3,990		48,005		
098	02 ORTHO CLINIC	58,028	2,763		10,676		19	
098	03 LEASED SPACE	98,653	153,145		5,922			
098	04 COLONA CLINIC	4,233						
098	05 WOUND CARE CLINIC	108,978		67	3,497		1,625	
098	06 PAIN MANAGEMENT	429			84			
100	OTHER NONREIMBURSABLE COS		25,976					
100	01 PHYSICIAN BILLING COSTS							
100	02 KELLY MEDICAL RENTAL AREA		4,992					
100	03 ANESTHESIA BILLING						5,704	6,645
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	22,989,165	1,319,827	979,760	2,178,187	824,456	183,449	188,999

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET B
 I I TO 5/31/2009 I PART I

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6a.05	6.06	8	9	10	11
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI	416,947						
006	06 ADMINISTRATIVE & GENERAL		2,417,458	2,417,458				
008	OPERATION OF PLANT		1,108,331	130,244	1,238,575			
009	LAUNDRY & LINEN SERVICE		141,886	16,674	14,022	172,582		
010	HOUSEKEEPING		436,132	51,252	11,106	16,669	515,159	
011	DIETARY		847,244	99,563	74,726	1,177	6,027	1,028,737
012	CAFETERIA		3,200	376			25,232	533,865
014	NURSING ADMINISTRATION		142,063	16,694	1,879			
015	CENTRAL SERVICES & SUPPLY		146,576	17,225				
016	PHARMACY		460,251	54,086	17,936		3,545	
017	MEDICAL RECORDS & LIBRARY		450,635	52,956	37,570		4,668	
018	SOCIAL SERVICE		160,998	18,920	4,510		1,950	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	25,295	2,711,536	318,643	189,122	40,841	153,105	109,562
033	NURSERY	1,383	133,095	15,641		29	2,955	
034	SKILLED NURSING FACILITY	3,648	682,407	80,192	135,248	16,171	74,101	119,887
036	OTHER LONG TERM CARE	13,480	855,856	100,575	168,645	40,954	80,128	265,423
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	86,135	2,946,889	346,294	175,540	21,996	85,742	
039	DELIVERY ROOM & LABOR ROO	1,753	57,673	6,777	7,322		59	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	86,216	2,821,139	331,523	92,118	10,868	10,105	
044	LABORATORY	36,845	1,296,829	152,396	20,489		6,855	
050	PHYSICAL THERAPY	28,317	1,023,951	120,329	42,171	9,892	7,209	
051	OCCUPATIONAL THERAPY	8,826	370,937	43,590	30,093		4,609	
052	SPEECH PATHOLOGY	760	45,432	5,339	10,005			
053	ELECTROCARDIOLOGY	17,457	607,822	71,428	20,075		4,845	
055	MEDICAL SUPPLIES CHARGED	2,187	3,191	375				
056	DRUGS CHARGED TO PATIENTS	40,151	544,663	64,006				
059	DURABLE MEDICAL EQUIPMENT							
059	01 SLEEP LAB	5,456	147,674	17,354	6,843	1,430		
059	02 IV THERAPY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	23,936	1,246,383	146,467	43,959	11,427	31,437	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	5,284	540,795	63,551	16,200		3,723	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	387,129	22,351,046	2,342,470	1,119,579	171,454	506,295	1,028,737
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		8,743	1,027	12,960			
098	PHYSICIANS' PRIVATE OFFIC		108,122	12,706	60,133			
098	02 ORTHO CLINIC		71,486	8,401				
098	03 LEASED SPACE		257,720	30,286		1,128	8,864	
098	04 COLONA CLINIC		4,233	497				
098	05 WOUND CARE CLINIC		114,167	13,416				
098	06 PAIN MANAGEMENT		513	60				
100	OTHER NONREIMBURSABLE COS		25,976	3,053	38,503			
100	01 PHYSICIAN BILLING COSTS	15,345	15,345	1,803				
100	02 KELLY MEDICAL RENTAL AREA		4,992	587	7,400			
100	03 ANESTHESIA BILLING	14,473	26,822	3,152				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	416,947	22,989,165	2,417,458	1,238,575	172,582	515,159	1,028,737

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-1319

I PERIOD:

I FROM 6/ 1/2008
I TO 5/31/2009I PREPARED 10/25/2009
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SUBTOTAL
		12	14	15	16	17	18	25
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	562,673						
014	NURSING ADMINISTRATION	3,677	164,313					
015	CENTRAL SERVICES & SUPPLY			163,801				
016	PHARMACY	10,295			546,113			
017	MEDICAL RECORDS & LIBRARY	33,531				579,360		
018	SOCIAL SERVICE	10,074	4,862				201,314	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	114,342	55,184			35,148	45,329	3,772,812
033	NURSERY	8,530	4,117			1,922		166,289
034	SKILLED NURSING FACILITY	42,171	20,353			5,068	73,344	1,248,942
036	OTHER LONG TERM CARE	68,606	30,414			18,731	66,836	1,696,168
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	66,363	32,029			119,684	103	3,794,640
039	DELIVERY ROOM & LABOR ROO	2,243	1,082			2,436		77,592
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	40,370				119,813		3,425,936
044	LABORATORY	39,818				51,196		1,567,583
050	PHYSICAL THERAPY	52,760				39,346		1,295,658
051	OCCUPATIONAL THERAPY	15,883				12,263		477,375
052	SPEECH PATHOLOGY	1,250				1,056		63,082
053	ELECTROCARDIOLOGY	18,530				24,257		746,957
055	MEDICAL SUPPLIES CHARGED			163,801		3,038		170,405
056	DRUGS CHARGED TO PATIENTS				546,113	55,789		1,210,571
059	DURABLE MEDICAL EQUIPMENT							
059	01 SLEEP LAB	5,368	2,591			7,581		188,841
059	02 IV THERAPY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	28,347	13,681			33,259	9,504	1,564,464
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY					7,342	6,198	637,809
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	562,158	164,313	163,801	546,113	537,929	201,314	22,105,124
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							22,730
098	PHYSICIANS' PRIVATE OFFIC							180,961
098	02 ORTHO CLINIC	515						80,402
098	03 LEASED SPACE							297,998
098	04 COLONA CLINIC							4,730
098	05 WOUND CARE CLINIC							127,583
098	06 PAIN MANAGEMENT							573
100	OTHER NONREIMBURSABLE COS							67,532
100	01 PHYSICIAN BILLING COSTS					21,321		38,469
100	02 KELLY MEDICAL RENTAL AREA							12,979
100	03 ANESTHESIA BILLNG					20,110		50,084
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	562,673	164,313	163,801	546,113	579,360	201,314	22,989,165

COST ALLOCATION - GENERAL SERVICE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET B
I		I	TO 5/31/2009	I	PART I

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
DESCRIPTION	26	27
GENERAL SERVICE COST CNTR		
003 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		3,772,812
033 NURSERY		166,289
034 SKILLED NURSING FACILITY		1,248,942
036 OTHER LONG TERM CARE		1,696,168
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		3,794,640
039 DELIVERY ROOM & LABOR ROO		77,592
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		3,425,936
044 LABORATORY		1,567,583
050 PHYSICAL THERAPY		1,295,658
051 OCCUPATIONAL THERAPY		477,375
052 SPEECH PATHOLOGY		63,082
053 ELECTROCARDIOLOGY		746,957
055 MEDICAL SUPPLIES CHARGED		170,405
056 DRUGS CHARGED TO PATIENTS		1,210,571
059 DURABLE MEDICAL EQUIPMENT		
059 01 SLEEP LAB		188,841
059 02 IV THERAPY		
OUTPAT SERVICE COST CNTRS		
060 CLINIC		
061 EMERGENCY		1,564,464
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		637,809
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		22,105,124
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		22,730
098 PHYSICIANS' PRIVATE OFFIC		180,961
098 02 ORTHO CLINIC		80,402
098 03 LEASED SPACE		297,998
098 04 COLONA CLINIC		4,730
098 05 WOUND CARE CLINIC		127,583
098 06 PAIN MANAGEMENT		573
100 OTHER NONREIMBURSABLE COS		67,532
100 01 PHYSICIAN BILLING COSTS		38,469
100 02 KELLY MEDICAL RENTAL AREA		12,979
100 03 ANESTHESIA BILLNG		50,084
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		22,989,165

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-1319

I PERIOD:

I FROM 6/ 1/2008
I TO 5/31/2009I PREPARED 10/25/2009
I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE DATA FITS NG	PROCESSI 6.02	PURCHASING, R ECEIVING AND 6.03
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		2,684	891	3,575	3,575		
006	02 DATA PROCESSING		12,310	265,347	277,657	97	277,754	
006	03 PURCHASING, RECEIVING AND		28,380	109	28,489	38	4,893	33,420
006	04 ADMITTING		6,942		6,942	51	2,239	54
006	05 CASHIERING/ACCOUNTS RECEI		17,495	2,721	20,216	75	3,732	112
006	06 ADMINISTRATIVE & GENERAL		129,293	19,510	148,803	186	70,828	692
008	OPERATION OF PLANT		131,226	40,594	171,820	62		856
009	LAUNDRY & LINEN SERVICE		9,460	113	9,573	9		44
010	HOUSEKEEPING		7,493	3,165	10,658	104	166	711
011	DIETARY		50,413	8,780	59,193	160	746	572
012	CAFETERIA						1,078	
014	NURSING ADMINISTRATION		1,268	282	1,550	38		6
015	CENTRAL SERVICES & SUPPLY			37,926	37,926			838
016	PHARMACY		12,100	3,660	15,760	60	11,611	243
017	MEDICAL RECORDS & LIBRARY		25,346	14,347	39,693	97	11,362	111
018	SOCIAL SERVICE		3,043		3,043	44	1,990	8
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		127,588	69,006	196,594	581	28,033	2,105
033	NURSERY			2,376	2,376	38		
034	SKILLED NURSING FACILITY		91,243	7,640	98,883	156	6,718	373
036	OTHER LONG TERM CARE		113,774	4,778	118,552	202	1,576	319
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		118,426	135,330	253,756	378	19,822	15,217
039	DELIVERY ROOM & LABOR ROO		4,940		4,940	12	3,566	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		62,146	250,833	312,979	226	58,553	3,298
044	LABORATORY		13,823	19,764	33,587	159	6,884	4,094
050	PHYSICAL THERAPY		28,450	22,599	51,049	260	7,796	510
051	OCCUPATIONAL THERAPY		20,302	1,111	21,413	96	1,161	62
052	SPEECH PATHOLOGY		6,750	1,467	8,217	7		3
053	ELECTROCARDIOLOGY		13,543	19,175	32,718	108	9,372	194
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059	DURABLE MEDICAL EQUIPMENT							
059	01 SLEEP LAB		4,616	2,685	7,301	27		115
059	02 IV THERAPY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY		29,657	31,350	61,007	145	5,225	1,184
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		10,929	10,144	21,073	125	4,230	361
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		1,083,640	975,703	2,059,343	3,541	261,581	32,082
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		8,743		8,743			
098	PHYSICIANS' PRIVATE OFFIC		40,568	3,990	44,558		16,173	
098	02 ORTHO CLINIC		2,763		2,763	18		3
098	03 LEASED SPACE		153,145		153,145	10		
098	04 COLONA CLINIC							
098	05 WOUND CARE CLINIC			67	67	6		296
098	06 PAIN MANAGEMENT							
100	OTHER NONREIMBURSABLE COS		25,976		25,976			
100	01 PHYSICIAN BILLING COSTS							
100	02 KELLY MEDICAL RENTAL AREA		4,992		4,992			
100	03 ANESTHESIA BILLNG							1,039
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		1,319,827	979,760	2,299,587	3,575	277,754	33,420

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET B
 I I TO 5/31/2009 I PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING/AC COUNTS RECEI 6.05	ADMINISTRATIVE & GENERAL E & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	9,286						
006 05 CASHIERING/ACCOUNTS RECEI		24,135					
006 06 ADMINISTRATIVE & GENERAL			220,509				
008 OPERATION OF PLANT			11,880	184,618			
009 LAUNDRY & LINEN SERVICE			1,521	2,090	13,237		
010 HOUSEKEEPING			4,675	1,655	1,279	19,248	
011 DIETARY			9,082	11,138	90	225	81,206
012 CAFETERIA			34			943	42,141
014 NURSING ADMINISTRATION			1,523	280			
015 CENTRAL SERVICES & SUPPLY			1,571				
016 PHARMACY			4,933	2,674		132	
017 MEDICAL RECORDS & LIBRARY			4,830	5,600		174	
018 SOCIAL SERVICE			1,726	672		73	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	571	1,464	29,065	28,192	3,132	5,721	8,649
034 NURSERY	31	80	1,427		2	110	
036 SKILLED NURSING FACILITY	82	211	7,315	20,160	1,240	2,769	9,464
036 OTHER LONG TERM CARE	304	780	9,174	25,138	3,141	2,994	20,952
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,943	4,985	31,588	26,165	1,687	3,204	
040 DELIVERY ROOM & LABOR ROO	40	101	618	1,091		2	
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	1,946	4,994	30,240	13,731	834	378	
050 LABORATORY	831	2,132	13,901	3,054		256	
051 PHYSICAL THERAPY	639	1,639	10,976	6,286	759	269	
052 OCCUPATIONAL THERAPY	199	511	3,976	4,485		172	
053 SPEECH PATHOLOGY	17	44	487	1,491			
055 ELECTROCARDIOLOGY	416	1,010	6,515	2,992		181	
056 MEDICAL SUPPLIES CHARGED	49	127	34				
059 DRUGS CHARGED TO PATIENTS	906	2,324	5,838				
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	123	316	1,583	1,020	110		
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	863	1,385	13,360	6,552	876	1,175	
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		306	5,797	2,415		139	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,960	22,409	213,669	166,881	13,150	18,917	81,206
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP			94	1,932			
098 PHYSICIANS' PRIVATE OFFIC			1,159	8,963			
098 02 ORTHO CLINIC			766				
098 03 LEASED SPACE			2,763		87	331	
098 04 COLONA CLINIC			45				
098 05 WOUND CARE CLINIC			1,224				
098 06 PAIN MANAGEMENT			5				
100 OTHER NONREIMBURSABLE COS			278	5,739			
100 01 PHYSICIAN BILLING COSTS		888	164				
100 02 KELLY MEDICAL RENTAL AREA			54	1,103			
100 03 ANESTHESIA BILLNG	326	838	288				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,286	24,135	220,509	184,618	13,237	19,248	81,206

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET B
 I I TO 5/31/2009 I PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	44,196						
014 NURSING ADMINISTRATION	289	3,686					
015 CENTRAL SERVICES & SUPPLY			40,335				
016 PHARMACY	809			36,222			
017 MEDICAL RECORDS & LIBRARY	2,634				64,501		
018 SOCIAL SERVICE	791	109				8,456	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	8,980	1,239			3,913	1,904	320,143
034 NURSERY	670	92			214		5,040
036 SKILLED NURSING FACILITY	3,312	457			564	3,082	154,786
036 OTHER LONG TERM CARE	5,389	682			2,085	2,807	194,095
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	5,213	718			13,325	4	378,005
040 DELIVERY ROOM & LABOR ROO	176	24			271		10,841
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	3,171				13,337		443,687
050 LABORATORY	3,128				5,700		73,726
051 PHYSICAL THERAPY	4,144				4,381		88,708
052 OCCUPATIONAL THERAPY	1,248				1,365		34,688
053 SPEECH PATHOLOGY	98				118		10,482
055 ELECTROCARDIOLOGY	1,455				2,701		57,662
056 MEDICAL SUPPLIES CHARGED			40,335		338		40,883
059 DRUGS CHARGED TO PATIENTS				36,222	6,212		51,502
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	422	58			844		11,919
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	2,227	307			3,703	399	98,408
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY					817	260	35,523
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	44,156	3,686	40,335	36,222	59,888	8,456	2,010,098
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							10,769
098 PHYSICIANS' PRIVATE OFFIC							70,853
098 02 ORTHO CLINIC	40						3,590
098 03 LEASED SPACE							156,336
098 04 COLONA CLINIC							45
098 05 WOUND CARE CLINIC							1,593
098 06 PAIN MANAGEMENT							5
100 OTHER NONREIMBURSABLE COS							31,993
100 01 PHYSICIAN BILLING COSTS					2,374		3,426
100 02 KELLY MEDICAL RENTAL AREA							6,149
100 03 ANESTHESIA BILLING					2,239		4,730
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	44,196	3,686	40,335	36,222	64,501	8,456	2,299,587

ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET B
I		I	TO 5/31/2009	I	PART III

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL
	GENERAL SERVICE COST CNTR		27
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	02 DATA PROCESSING		
006	03 PURCHASING, RECEIVING AND		
006	04 ADMITTING		
006	05 CASHIERING/ACCOUNTS RECEI		
006	06 ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		320,143
033	NURSERY		5,040
034	SKILLED NURSING FACILITY		154,786
036	OTHER LONG TERM CARE		194,095
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		378,005
039	DELIVERY ROOM & LABOR ROO		10,841
040	ANESTHESIOLOGY		
041	RADIOLOGY-DIAGNOSTIC		443,687
044	LABORATORY		73,726
050	PHYSICAL THERAPY		88,708
051	OCCUPATIONAL THERAPY		34,688
052	SPEECH PATHOLOGY		10,482
053	ELECTROCARDIOLOGY		57,662
055	MEDICAL SUPPLIES CHARGED		40,883
056	DRUGS CHARGED TO PATIENTS		51,502
059	DURABLE MEDICAL EQUIPMENT		
059	01 SLEEP LAB		11,919
059	02 IV THERAPY		
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		
061	EMERGENCY		98,408
062	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
071	HOME HEALTH AGENCY		35,523
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		2,010,098
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		10,769
098	PHYSICIANS' PRIVATE OFFIC		70,853
098	02 ORTHO CLINIC		3,590
098	03 LEASED SPACE		156,336
098	04 COLONA CLINIC		45
098	05 WOUND CARE CLINIC		1,593
098	06 PAIN MANAGEMENT		5
100	OTHER NONREIMBURSABLE COS		31,993
100	01 PHYSICIAN BILLING COSTS		3,426
100	02 KELLY MEDICAL RENTAL AREA		6,149
100	03 ANESTHESIA BILLNG		4,730
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		2,299,587

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET B-1
 I I TO 5/31/2009 I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	ADMITTING (GROSS CHARGES)
		(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	(TIME SPENT	(SUPPLY COST	(GROSS CHARGES)
		3	4	5	6.02	6.03	6.04
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	150,956					
005	NEW CAP REL COSTS-MVB		964,494				
006	EMPLOYEE BENEFITS	307	877	9,809,087			
006 02	DATA PROCESSING	1,408	261,212	265,114	83,725		
006 03	PURCHASING, RECEIVING	3,246	107	103,636	1,475	2,318,296	
006 04	ADMITTING	794		139,429	675	3,777	46,899,410
006 05	CASHIERING/ACCOUNTS R	2,001	2,679	205,986	1,125	7,791	
006 06	ADMINISTRATIVE & GENE	14,788	19,206	510,896	21,350	48,027	
008	OPERATION OF PLANT	15,009	39,961	171,110		59,386	
009	LAUNDRY & LINEN SERVI	1,082	111	25,401		3,084	
010	HOUSEKEEPING	857	3,116	286,238	50	49,291	
011	DIETARY	5,766	8,643	438,677	225	39,654	
012	CAFETERIA				325		
014	NURSING ADMINISTRATIO	145	278	104,040		432	
015	CENTRAL SERVICES & SU		37,335			58,143	
016	PHARMACY	1,384	3,603	165,484	3,500	16,880	
017	MEDICAL RECORDS & LIB	2,899	14,123	265,745	3,425	7,681	
018	SOCIAL SERVICE	348		121,058	600	577	
025	INPAT ROUTINE SRVC CN						
033	ADULTS & PEDIATRICS	14,593	67,931	1,590,930	8,450	146,042	2,881,683
034	NURSERY		2,339	105,291			157,558
036	SKILLED NURSING FACIL	10,436	7,521	427,870	2,025	25,874	415,551
	OTHER LONG TERM CARE	13,013	4,704	555,384	475	22,161	1,535,697
037	ANCILLARY SRVC COST C						
039	OPERATING ROOM	13,545	133,221	1,037,957	5,975	1,055,345	9,812,567
040	DELIVERY ROOM & LABOR	565		32,395	1,075		199,715
041	ANESTHESIOLOGY						
044	RADIOLOGY-DIAGNOSTIC	7,108	246,925	620,710	17,650	228,769	9,824,203
050	LABORATORY	1,581	19,456	437,026	2,075	283,992	4,197,406
051	PHYSICAL THERAPY	3,254	22,247	713,983	2,350	35,404	3,225,879
052	OCCUPATIONAL THERAPY	2,322	1,094	262,604	350	4,309	1,005,428
053	SPEECH PATHOLOGY	772	1,444	19,388		207	86,615
055	ELECTROCARDIOLOGY	1,549	18,876	296,903	2,825	13,451	2,103,250
056	MEDICAL SUPPLIES CHAR						249,109
059	DRUGS CHARGED TO PATI						4,574,020
059 01	DURABLE MEDICAL EQUIP						
059 02	SLEEP LAB	528	2,643	73,098		8,006	621,533
060	IV THERAPY						
061	OUTPAT SERVICE COST C						
062	CLINIC						
071	EMERGENCY	3,392	30,862	399,227	1,575	82,137	4,360,392
095	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
	HOME HEALTH AGENCY	1,250	9,986	342,638	1,275	25,023	
	SPEC PURPOSE COST CEN						
096	SUBTOTALS	123,942	960,500	9,718,218	78,850	2,225,443	45,250,606
098	NONREIMBURS COST CENT						
098 02	GIFT, FLOWER, COFFEE	1,000					
098 03	PHYSICIANS' PRIVATE O	4,640	3,928		4,875		
098 04	ORTHO CLINIC	316		48,077		242	
098 05	LEASED SPACE	17,516		26,667			
098 06	COLONA CLINIC						
100	WOUND CARE CLINIC		66	15,748		20,531	
100 01	PAIN MANAGEMENT			377			
100 02	OTHER NONREIMBURSABLE	2,971					
100 03	PHYSICIAN BILLING COS						
101	KELLY MEDICAL RENTAL	571					
102	ANESTHESIA BILLNG					72,080	1,648,804
103	CROSS FOOT ADJUSTMENT						
104	NEGATIVE COST CENTER						
105	COST TO BE ALLOCATED	1,319,827	979,760	2,178,187	824,456	183,449	188,999
106	(WRKSHT B, PART I)						
107	UNIT COST MULTIPLIER	8.743124		.222058		.079131	
108	(WRKSHT B, PT I)		1.015828		9.847190		.004030
109	COST TO BE ALLOCATED						
110	(WRKSHT B, PART II)						
111	UNIT COST MULTIPLIER						
112	(WRKSHT B, PT II)						
113	COST TO BE ALLOCATED			3,575	277,754	33,420	9,286
114	(WRKSHT B, PART III)						
115	UNIT COST MULTIPLIER			.000364		.014416	
116	(WRKSHT B, PT III)				3.317456		.000198

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET B-1
 I I TO 5/31/2009 I

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	
		(GROSS PT. CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
		6.05	6a.06	6.06	8	9	10	11
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R	47,501,378						
006	06 ADMINISTRATIVE & GENE		-2,417,458	20,571,707				
008	OPERATION OF PLANT			1,108,331	95,571			
009	LAUNDRY & LINEN SERVI			141,886	1,082	283,319		
010	HOUSEKEEPING			436,132	857	27,365	217,950	
011	DIETARY			847,244	5,766	1,933	2,550	135,604
012	CAFETERIA			3,200			10,675	70,372
014	NURSING ADMINISTRATIO			142,063	145			
015	CENTRAL SERVICES & SU			146,576				
016	PHARMACY			460,251	1,384		1,500	
017	MEDICAL RECORDS & LIB			450,635	2,899		1,975	
018	SOCIAL SERVICE			160,998	348		825	
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	2,881,683		2,711,536	14,593	67,046	64,775	14,442
033	NURSERY	157,558		133,095		47	1,250	
034	SKILLED NURSING FACIL	415,551		682,407	10,436	26,547	31,350	15,803
036	OTHER LONG TERM CARE	1,535,697		855,856	13,013	67,232	33,900	34,987
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	9,812,567		2,946,889	13,545	36,109	36,275	
039	DELIVERY ROOM & LABOR	199,715		57,673	565		25	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	9,824,203		2,821,139	7,108	17,842	4,275	
044	LABORATORY	4,197,406		1,296,829	1,581		2,900	
050	PHYSICAL THERAPY	3,225,879		1,023,951	3,254	16,240	3,050	
051	OCCUPATIONAL THERAPY	1,005,428		370,937	2,322		1,950	
052	SPEECH PATHOLOGY	86,615		45,432	772			
053	ELECTROCARDIOLOGY	1,988,762		607,822	1,549		2,050	
055	MEDICAL SUPPLIES CHAR	249,109		3,191				
056	DRUGS CHARGED TO PATI	4,574,020		544,663				
059	DURABLE MEDICAL EQUIP							
059	01 SLEEP LAB	621,533		147,674	528	2,347		
059	02 IV THERAPY							
060	OUTPAT SERVICE COST C							
060	CLINIC							
061	EMERGENCY	2,726,792		1,246,383	3,392	18,759	13,300	
062	OBSERVATION BEDS (NON							
071	OTHER REIMBURS COST C	601,968		540,795	1,250		1,575	
071	HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	44,104,486	-2,417,458	19,933,588	86,389	281,467	214,200	135,604
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			8,743	1,000			
098	PHYSICIANS' PRIVATE O			108,122	4,640			
098	02 ORTHO CLINIC			71,486				
098	03 LEASED SPACE			257,720		1,852	3,750	
098	04 COLONA CLINIC			4,233				
098	05 WOUND CARE CLINIC			114,167				
098	06 PAIN MANAGEMENT			513				
100	OTHER NONREIMBURSABLE			25,976	2,971			
100	01 PHYSICIAN BILLING COS	1,748,088		15,345				
100	02 KELLY MEDICAL RENTAL			4,992	571			
100	03 ANESTHESIA BILLNG	1,648,804		26,822				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	416,947		2,417,458	1,238,575	172,582	515,159	1,028,737
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				12.959737		2.363657	
105	(WRKSHT B, PT I)	.008778		.117514		.609144		7.586332
106	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	24,135		220,509	184,618	13,237	19,248	81,206
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				1.931737		.088314	
108	(WRKSHT B, PT III)	.000508		.010719		.046721		.598847

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-1319

I PERIOD:

I FROM 6/ 1/2008

I TO 5/31/2009

I PREPARED 10/25/2009

I WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMIN ISTRATION (FTE'S)	CENTRAL SERVI CES & SUPPLY (COSTED)REQUIS	PHARMACY (COSTED)REQUIS	MEDICAL RECOR DS & LIBRARY (GROSS PT.)CHARGES	SOCIAL SERVIC E (TIME)SPENT
	12	14	15	16	17	18
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 02 EMPLOYEE BENEFITS						
006 03 DATA PROCESSING						
006 04 PURCHASING, RECEIVING						
006 05 ADMITTING						
006 06 CASHIERING/ACCOUNTS R						
008 06 ADMINISTRATIVE & GENE						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA	15,304					
015 NURSING ADMINISTRATIO	100	9,260				
016 CENTRAL SERVICES & SU			100			
017 PHARMACY	280			100		
018 MEDICAL RECORDS & LIB	912				47,501,378	
025 SOCIAL SERVICE	274	274				48,720
033 INPAT ROUTINE SRVC CN						
034 ADULTS & PEDIATRICS	3,110	3,110			2,881,683	10,970
036 NURSERY	232	232			157,558	
037 SKILLED NURSING FACIL	1,147	1,147			415,551	17,750
039 OTHER LONG TERM CARE	1,866	1,714			1,535,697	16,175
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	1,805	1,805			9,812,567	25
044 DELIVERY ROOM & LABOR	61	61			199,715	
050 ANESTHESIOLOGY						
051 RADIOLOGY-DIAGNOSTIC	1,098				9,824,203	
052 LABORATORY	1,083				4,197,406	
053 PHYSICAL THERAPY	1,435				3,225,879	
055 OCCUPATIONAL THERAPY	432				1,005,428	
056 SPEECH PATHOLOGY	34				86,615	
059 ELECTROCARDIOLOGY	504				1,988,762	
059 MEDICAL SUPPLIES CHAR			100		249,109	
059 DRUGS CHARGED TO PATI				100	4,574,020	
059 DURABLE MEDICAL EQUIP						
059 01 SLEEP LAB	146	146			621,533	
059 02 IV THERAPY						
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY	771	771			2,726,792	2,300
071 OBSERVATION BEDS (NON						
095 OTHER REIMBURS COST C					601,968	1,500
096 HOME HEALTH AGENCY						
098 SPEC PURPOSE COST CEN						
098 SUBTOTALS	15,290	9,260	100	100	44,104,486	48,720
098 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
098 02 PHYSICIANS' PRIVATE O	14					
098 03 ORTHO CLINIC						
098 04 LEASED SPACE						
098 05 COLONA CLINIC						
098 06 WOUND CARE CLINIC						
100 PAIN MANAGEMENT						
100 OTHER NONREIMBURSABLE						
100 01 PHYSICIAN BILLING COS					1,748,088	
100 02 KELLY MEDICAL RENTAL						
100 03 ANESTHESIA BILLNG					1,648,804	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	562,673	164,313	163,801	546,113	579,360	201,314
104 (PER WRKSHT B, PART						
105 UNIT COST MULTIPLIER		17.744384		5,461.130000		4.132061
106 (WRKSHT B, PT I)	36.766401		1,638.010000		.012197	
107 COST TO BE ALLOCATED						
106 (PER WRKSHT B, PART						
107 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
108 COST TO BE ALLOCATED	44,196	3,686	40,335	36,222	64,501	8,456
108 (PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.398056		362.220000		.173563
108 (WRKSHT B, PT III)	2.887872		403.350000		.001358	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET C
I		I	TO 5/31/2009	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
33	ADULTS & PEDIATRICS	3,772,812		3,772,812		3,772,812
34	NURSERY	166,289		166,289		166,289
36	SKILLED NURSING FACILITY	1,248,942		1,248,942		1,248,942
37	OTHER LONG TERM CARE	1,696,168		1,696,168		1,696,168
39	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	3,794,640		3,794,640		3,794,640
41	DELIVERY ROOM & LABOR ROO	77,592		77,592		77,592
44	ANESTHESIOLOGY					
50	RADIOLOGY-DIAGNOSTIC	3,425,936		3,425,936		3,425,936
51	LABORATORY	1,567,583		1,567,583		1,567,583
52	PHYSICAL THERAPY	1,295,658		1,295,658		1,295,658
53	OCCUPATIONAL THERAPY	477,375		477,375		477,375
55	SPEECH PATHOLOGY	63,082		63,082		63,082
56	ELECTROCARDIOLOGY	746,957		746,957		746,957
59	MEDICAL SUPPLIES CHARGED	170,405		170,405		170,405
59	DRUGS CHARGED TO PATIENTS	1,210,571		1,210,571		1,210,571
59	DURABLE MEDICAL EQUIPMENT					
59	01 SLEEP LAB	188,841		188,841		188,841
59	02 IV THERAPY					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY	1,564,464		1,564,464		1,564,464
101	OBSERVATION BEDS (NON-DIS	477,466		477,466		477,466
102	OTHER REIMBURS COST CNTRS					
103	SUBTOTAL	21,944,781		21,944,781		21,944,781
	LESS OBSERVATION BEDS	477,466		477,466		477,466
	TOTAL	21,467,315		21,467,315		21,467,315

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET C
 I I TO 5/31/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
33	ADULTS & PEDIATRICS	2,473,415		2,473,415			
34	NURSERY	157,558		157,558			
36	SKILLED NURSING FACILITY	415,551		415,551			
	OTHER LONG TERM CARE	1,530,342		1,530,342			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,969,145	5,843,422	9,812,567	.386712	.386712	.386712
39	DELIVERY ROOM & LABOR ROO	167,816	31,899	199,715	.388514	.388514	.388514
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,126,006	8,698,197	9,824,203	.348724	.348724	.348724
44	LABORATORY	1,056,863	3,140,543	4,197,406	.373465	.373465	.373465
50	PHYSICAL THERAPY	687,156	2,538,723	3,225,879	.401645	.401645	.401645
51	OCCUPATIONAL THERAPY	432,145	573,283	1,005,428	.474798	.474798	.474798
52	SPEECH PATHOLOGY	22,850	63,765	86,615	.728303	.728303	.728303
53	ELECTROCARDIOLOGY	248,440	1,740,322	1,988,762	.375589	.375589	.375589
55	MEDICAL SUPPLIES CHARGED	183,332	65,777	249,109	.684058	.684058	.684058
56	DRUGS CHARGED TO PATIENTS	3,490,447	1,083,573	4,574,020	.264662	.264662	.264662
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB	2,000	619,533	621,533	.303831	.303831	.303831
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	404,242	2,322,550	2,726,792	.573738	.573738	.573738
62	OBSERVATION BEDS (NON-DIS		408,268	408,268	1.169492	1.169492	1.169492
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	16,367,308	27,129,855	43,497,163			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,367,308	27,129,855	43,497,163			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
33	ADULTS & PEDIATRICS	3,772,812		3,772,812		3,772,812
34	NURSERY	166,289		166,289		166,289
36	SKILLED NURSING FACILITY	1,248,942		1,248,942		1,248,942
	OTHER LONG TERM CARE	1,696,168		1,696,168		1,696,168
37	ANCILLARY SRVC COST CNTRS					
39	OPERATING ROOM	3,794,640		3,794,640		3,794,640
40	DELIVERY ROOM & LABOR ROO	77,592		77,592		77,592
41	ANESTHESIOLOGY					
44	RADIOLOGY-DIAGNOSTIC	3,425,936		3,425,936		3,425,936
50	LABORATORY	1,567,583		1,567,583		1,567,583
51	PHYSICAL THERAPY	1,295,658		1,295,658		1,295,658
52	OCCUPATIONAL THERAPY	477,375		477,375		477,375
53	SPEECH PATHOLOGY	63,082		63,082		63,082
55	ELECTROCARDIOLOGY	746,957		746,957		746,957
56	MEDICAL SUPPLIES CHARGED	170,405		170,405		170,405
59	DRUGS CHARGED TO PATIENTS	1,210,571		1,210,571		1,210,571
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB	188,841		188,841		188,841
59 02	IV THERAPY					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY	1,564,464		1,564,464		1,564,464
	OBSERVATION BEDS (NON-DIS	477,466		477,466		477,466
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	21,944,781		21,944,781		21,944,781
102	LESS OBSERVATION BEDS	477,466		477,466		477,466
103	TOTAL	21,467,315		21,467,315		21,467,315

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
33	ADULTS & PEDIATRICS	2,473,415		2,473,415			
34	NURSERY	157,558		157,558			
36	SKILLED NURSING FACILITY	415,551		415,551			
	OTHER LONG TERM CARE	1,530,342		1,530,342			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,969,145	5,843,422	9,812,567	.386712	.386712	.386712
39	DELIVERY ROOM & LABOR ROO	167,816	31,899	199,715	.388514	.388514	.388514
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,126,006	8,698,197	9,824,203	.348724	.348724	.348724
44	LABORATORY	1,056,863	3,140,543	4,197,406	.373465	.373465	.373465
50	PHYSICAL THERAPY	687,156	2,538,723	3,225,879	.401645	.401645	.401645
51	OCCUPATIONAL THERAPY	432,145	573,283	1,005,428	.474798	.474798	.474798
52	SPEECH PATHOLOGY	22,850	63,765	86,615	.728303	.728303	.728303
53	ELECTROCARDIOLOGY	248,440	1,740,322	1,988,762	.375589	.375589	.375589
55	MEDICAL SUPPLIES CHARGED	183,332	65,777	249,109	.684058	.684058	.684058
56	DRUGS CHARGED TO PATIENTS	3,490,447	1,083,573	4,574,020	.264662	.264662	.264662
59	DURABLE MEDICAL EQUIPMENT						
59	01 SLEEP LAB	2,000	619,533	621,533	.303831	.303831	.303831
59	02 IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	404,242	2,322,550	2,726,792	.573738	.573738	.573738
62	OBSERVATION BEDS (NON-DIS		408,268	408,268	1.169492	1.169492	1.169492
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	16,367,308	27,129,855	43,497,163			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,367,308	27,129,855	43,497,163			

WKST A	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
LINE NO.		WKST B, PT I	WKST B PT II	COST NET OF	REDUCTION	REDUCTION	CAP AND OPER
		COL. 27	& III, COL. 27	CAPITAL COST		AMOUNT	COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,794,640	378,005	3,416,635			3,794,640
39	DELIVERY ROOM & LABOR ROO	77,592	10,841	66,751			77,592
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,425,936	443,687	2,982,249			3,425,936
44	LABORATORY	1,567,583	73,726	1,493,857			1,567,583
50	PHYSICAL THERAPY	1,295,658	88,708	1,206,950			1,295,658
51	OCCUPATIONAL THERAPY	477,375	34,688	442,687			477,375
52	SPEECH PATHOLOGY	63,082	10,482	52,600			63,082
53	ELECTROCARDIOLOGY	746,957	57,662	689,295			746,957
55	MEDICAL SUPPLIES CHARGED	170,405	40,883	129,522			170,405
56	DRUGS CHARGED TO PATIENTS	1,210,571	51,502	1,159,069			1,210,571
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB	188,841	11,919	176,922			188,841
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,564,464	98,408	1,466,056			1,564,464
62	OBSERVATION BEDS (NON-DIS	477,466		477,466			477,466
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,060,570	1,300,511	13,760,059			15,060,570
102	LESS OBSERVATION BEDS	477,466		477,466			477,466
103	TOTAL	14,583,104	1,300,511	13,282,593			14,583,104

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	9,812,567	.386712	.386712
39	DELIVERY ROOM & LABOR ROO	199,715	.388514	.388514
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	9,824,203	.348724	.348724
44	LABORATORY	4,197,406	.373465	.373465
50	PHYSICAL THERAPY	3,225,879	.401645	.401645
51	OCCUPATIONAL THERAPY	1,005,428	.474798	.474798
52	SPEECH PATHOLOGY	86,615	.728303	.728303
53	ELECTROCARDIOLOGY	1,988,762	.375589	.375589
55	MEDICAL SUPPLIES CHARGED	249,109	.684058	.684058
56	DRUGS CHARGED TO PATIENTS	4,574,020	.264662	.264662
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	621,533	.303831	.303831
59 02	IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,726,792	.573738	.573738
62	OBSERVATION BEDS (NON-DIS	408,268	1.169492	1.169492
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	38,920,297		
102	LESS OBSERVATION BEDS	408,268		
103	TOTAL	38,512,029		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	3,794,640	378,005	3,416,635			3,794,640
40	DELIVERY ROOM & LABOR ROO	77,592	10,841	66,751			77,592
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC	3,425,936	443,687	2,982,249			3,425,936
50	LABORATORY	1,567,583	73,726	1,493,857			1,567,583
51	PHYSICAL THERAPY	1,295,658	88,708	1,206,950			1,295,658
52	OCCUPATIONAL THERAPY	477,375	34,688	442,687			477,375
53	SPEECH PATHOLOGY	63,082	10,482	52,600			63,082
55	ELECTROCARDIOLOGY	746,957	57,662	689,295			746,957
56	MEDICAL SUPPLIES CHARGED	170,405	40,883	129,522			170,405
59	DRUGS CHARGED TO PATIENTS	1,210,571	51,502	1,159,069			1,210,571
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB	188,841	11,919	176,922			188,841
59 02	IV THERAPY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	1,564,464	98,408	1,466,056			1,564,464
62	OBSERVATION BEDS (NON-DIS	477,466		477,466			477,466
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	15,060,570	1,300,511	13,760,059			15,060,570
103	LESS OBSERVATION BEDS	477,466		477,466			477,466
103	TOTAL	14,583,104	1,300,511	13,282,593			14,583,104

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	9,812,567	.386712	.386712
40	DELIVERY ROOM & LABOR ROO	199,715	.388514	.388514
41	ANESTHESIOLOGY			
44	RADIOLOGY-DIAGNOSTIC	9,824,203	.348724	.348724
50	LABORATORY	4,197,406	.373465	.373465
51	PHYSICAL THERAPY	3,225,879	.401645	.401645
52	OCCUPATIONAL THERAPY	1,005,428	.474798	.474798
53	SPEECH PATHOLOGY	86,615	.728303	.728303
55	ELECTROCARDIOLOGY	1,988,762	.375589	.375589
56	MEDICAL SUPPLIES CHARGED	249,109	.684058	.684058
59	DRUGS CHARGED TO PATIENTS	4,574,020	.264662	.264662
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	621,533	.303831	.303831
59 02	IV THERAPY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	2,726,792	.573738	.573738
	OBSERVATION BEDS (NON-DIS	408,268	1.169492	1.169492
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	38,920,297		
102	LESS OBSERVATION BEDS	408,268		
103	TOTAL	38,512,029		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
39	OPERATING ROOM	4,281,300	10,117,772			
40	DELIVERY ROOM & LABOR ROO	92,251	246,362			
41	ANESTHESIOLOGY					
44	RADIOLOGY-DIAGNOSTIC	3,161,560	9,036,415			
50	LABORATORY	1,504,882	4,073,363			
51	PHYSICAL THERAPY	1,299,348	3,237,961			
52	OCCUPATIONAL THERAPY	433,730	1,067,132			
53	SPEECH PATHOLOGY	98,828	119,820			
55	ELECTROCARDIOLOGY	591,716	1,662,642			
56	MEDICAL SUPPLIES CHARGED	93,309	313,422			
59	DRUGS CHARGED TO PATIENTS	909,724	3,853,495			
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB	147,481	379,250			
59 02	IV THERAPY					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY	1,535,017	2,648,189			
62	OBSERVATION BEDS (NON-DIS	539,771	445,545			
101	OTHER REIMBURS COST CNTRS					
	TOTAL	14,688,917	37,201,368			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
39	OPERATING ROOM	4,281,300		4,281,300	10,117,772			
40	DELIVERY ROOM & LABOR ROO	92,251		92,251	246,362			
41	ANESTHESIOLOGY							
44	RADIOLOGY-DIAGNOSTIC	3,161,560		3,161,560	9,036,415			
50	LABORATORY	1,504,882		1,504,882	4,073,363			
51	PHYSICAL THERAPY	1,299,348		1,299,348	3,237,961			
52	OCCUPATIONAL THERAPY	433,730		433,730	1,067,132			
53	SPEECH PATHOLOGY	98,828		98,828	119,820			
55	ELECTROCARDIOLOGY	591,716	36,002	627,718	1,662,642			
56	MEDICAL SUPPLIES CHARGED	93,309		93,309	313,422			
59	DRUGS CHARGED TO PATIENTS	909,724		909,724	3,853,495			
59	DURABLE MEDICAL EQUIPMENT							
59	01 SLEEP LAB	147,481		147,481	379,250			
59	02 IV THERAPY							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY	1,535,017	631,108	2,166,125	2,648,189			
101	OBSERVATION BEDS (NON-DIS	539,771		539,771	445,545			
102	OTHER REIMBURS COST CNTRS							
103	TOTAL	14,688,917	667,110	15,356,027	37,201,368			
104	TOTAL OUTPATIENT VISITS							
105	AGGREGATE COST PER VISIT							
106	TITLE V OUTPATIENT VISITS							
107	TITLE XVIII OUTPAT VISITS							
108	TITLE XIX OUTPAT VISITS							
109	TITLE V OUTPAT COSTS							
	TITLE XVIII OUTPAT COSTS							
	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.386712		.386712		
39	DELIVERY ROOM & LABOR ROOM	.388514		.388514		
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.348724		.348724		
44	LABORATORY	.373465		.373465		
50	PHYSICAL THERAPY	.401645		.401645		
51	OCCUPATIONAL THERAPY	.474798		.474798		
52	SPEECH PATHOLOGY	.728303		.728303		
53	ELECTROCARDIOLOGY	.375589		.375589		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.684058		.684058		
56	DRUGS CHARGED TO PATIENTS	.264662		.264662		
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB	.303831		.303831		
59 02	IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	.573738		.573738		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.169492		1.169492		
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,870,438			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		2,942,886			
44	LABORATORY		1,416,969			
50	PHYSICAL THERAPY		697,418			
51	OCCUPATIONAL THERAPY		143,703			
52	SPEECH PATHOLOGY		29,170			
53	ELECTROCARDIOLOGY		918,547			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		58,393			
56	DRUGS CHARGED TO PATIENTS		775,819			
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB		140,183			
59 02	IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		807,022			
62	OBSERVATION BEDS (NON-DISTINCT PART)		200,641			
101	SUBTOTAL		10,001,189			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		10,001,189			

TITLE XVIII, PART B

HOSPITAL

		All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11	
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM	723,321			
39 DELIVERY ROOM & LABOR ROOM				
40 ANESTHESIOLOGY				
41 RADIOLOGY-DIAGNOSTIC	1,026,255			
44 LABORATORY	529,188			
50 PHYSICAL THERAPY	280,114			
51 OCCUPATIONAL THERAPY	68,230			
52 SPEECH PATHOLOGY	21,245			
53 ELECTROCARDIOLOGY	344,996			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	39,944			
56 DRUGS CHARGED TO PATIENTS	205,330			
59 DURABLE MEDICAL EQUIPMENT				
59 01 SLEEP LAB	42,592			
59 02 IV THERAPY				
60 OUTPAT SERVICE COST CNTRS				
61 CLINIC				
61 EMERGENCY	463,019			
62 OBSERVATION BEDS (NON-DISTINCT PART)	234,648			
101 SUBTOTAL	3,978,882			
102 CRNA CHARGES				
103 LESS PBP CLINIC LAB SVCS-				
104 PROGRAM ONLY CHARGES				
104 NET CHARGES	3,978,882			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 5/31/2009	I	PART VI
I	14-1319	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.264662
2	PROGRAM VACCINE CHARGES		5,259
3	PROGRAM COSTS		1,392

TITLE XVIII, PART A		SKILLED NURSING FACILITY			PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB						
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 5/31/2009	I	PART II
I	14-5464	I		I	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
44	LABORATORY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
59	DURABLE MEDICAL EQUIPMENT	
59 01	SLEEP LAB	
59 02	IV THERAPY	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB					
59 02	IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			9,812,567				
39	DELIVERY ROOM & LABOR ROO			199,715				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			9,824,203			18,050	
44	LABORATORY			4,197,406			23,058	
50	PHYSICAL THERAPY			3,225,879			245,257	
51	OCCUPATIONAL THERAPY			1,005,428			174,224	
52	SPEECH PATHOLOGY			86,615			10,210	
53	ELECTROCARDIOLOGY			1,988,762			2,177	
55	MEDICAL SUPPLIES CHARGED			249,109			2,876	
56	DRUGS CHARGED TO PATIENTS			4,574,020			105,300	
59	DURABLE MEDICAL EQUIPMENT							
59 01	SLEEP LAB			621,533				
59 02	IV THERAPY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			2,726,792				
62	OBSERVATION BEDS (NON-DIS			408,268				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			38,920,297			581,152	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB						
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A	HOSPITAL	OTHER
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,581
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,389
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,389
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	626
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	477
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	69
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	20
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,592
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	626
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	448
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.36
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	115.73
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,772,812
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7,753
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2,315
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	933,996
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,838,816

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,256,595
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,256,595
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.258009
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	665.86
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,838,816

TITLE XVIII PART A	HOSPITAL	OTHER
PART II - HOSPITAL AND SUBPROVIDERS ONLY		

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	837.65
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,333,539
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,333,539

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1,530,172
49	TOTAL PROGRAM INPATIENT COSTS				2,863,711

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	524,369
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	375,267
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	899,636
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A	HOSPITAL	OTHER
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PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66

SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST

67

ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68

PROGRAM ROUTINE SERVICE COST

69

MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70

TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71

CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72

PER DIEM CAPITAL-RELATED COSTS

73

PROGRAM CAPITAL-RELATED COSTS

74

INPATIENT ROUTINE SERVICE COST

75

AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76

TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77

INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78

INPATIENT ROUTINE SERVICE COST LIMITATION

79

REASONABLE INPATIENT ROUTINE SERVICE COSTS

80

PROGRAM INPATIENT ANCILLARY SERVICES

81

UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82

TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83

TOTAL OBSERVATION BED DAYS

570

84

ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

837.66

85

OBSERVATION BED COST

477,466

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,389
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,389
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,389
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
8	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
10	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
12	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
13	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	1,249
14	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
15	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
16	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
17	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
18	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
19	YEAR, ENTER 0 ON THIS LINE)	
20	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
21	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
22	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
23	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
24	YEAR, ENTER 0 ON THIS LINE)	
25	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
26	(EXCLUDING SWING-BED DAYS)	
27	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
28	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	112.00
20	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	112.00
22	DECEMBER 31 OF THE COST REPORTING PERIOD	
23	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	112.00
24	DECEMBER 31 OF THE COST REPORTING PERIOD	
25	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,248,942
26	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
27	REPORTING PERIOD	
28	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
29	REPORTING PERIOD	
30	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
31	REPORTING PERIOD	
32	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
33	REPORTING PERIOD	
34	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
35	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,248,942

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	415,551
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	415,551
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.005508
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	94.68
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	1,248,942
	COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2009	I	PART III
I	14-5464	I		I	

TITLE XVIII PART A

SNF

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,248,942
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	284.56
68	PROGRAM ROUTINE SERVICE COST	355,415
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	355,415
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	154,786
72	PER DIEM CAPITAL-RELATED COSTS	35.27
73	PROGRAM CAPITAL-RELATED COSTS	44,052
74	INPATIENT ROUTINE SERVICE COST	311,363
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	311,363
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	355,415
80	PROGRAM INPATIENT ANCILLARY SERVICES	234,222
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	589,637

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 5/31/2009 I
 I 14-1319 I

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,145,100	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.386712	1,994,304	771,221
39	DELIVERY ROOM & LABOR ROOM	.388514		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.348724	230,738	80,464
44	LABORATORY	.373465	358,232	133,787
50	PHYSICAL THERAPY	.401645	128,512	51,616
51	OCCUPATIONAL THERAPY	.474798	67,653	32,122
52	SPEECH PATHOLOGY	.728303	4,990	3,634
53	ELECTROCARDIOLOGY	.375589	78,934	29,647
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.684058	102,364	70,023
56	DRUGS CHARGED TO PATIENTS	.264662	1,340,278	354,721
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.303831	1,133	344
59 02	IV THERAPY			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.573738	4,520	2,593
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.169492		
101	OTHER REIMBURS COST CNTRS			
102	TOTAL		4,311,658	1,530,172
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,311,658	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 5/31/2009	I	
I	14-Z319	I		I	

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.386712		
39	DELIVERY ROOM & LABOR ROOM	.388514		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.348724	63,633	22,190
44	LABORATORY	.373465	43,290	16,167
50	PHYSICAL THERAPY	.401645	203,152	81,595
51	OCCUPATIONAL THERAPY	.474798	127,575	60,572
52	SPEECH PATHOLOGY	.728303	2,310	1,682
53	ELECTROCARDIOLOGY	.375589	5,287	1,986
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.684058	1,560	1,067
56	DRUGS CHARGED TO PATIENTS	.264662	130,015	34,410
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.303831		
59 02	IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.573738		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.169492		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		576,822	219,669
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		576,822	

TITLE XVIII, PART A	SKILLED NURSING FACILITY	PPS
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WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.386712		
39	DELIVERY ROOM & LABOR ROOM	.388514		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.348724	18,050	6,294
44	LABORATORY	.373465	23,058	8,611
50	PHYSICAL THERAPY	.401645	245,257	98,506
51	OCCUPATIONAL THERAPY	.474798	174,224	82,721
52	SPEECH PATHOLOGY	.728303	10,210	7,436
53	ELECTROCARDIOLOGY	.375589	2,177	818
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.684058	2,876	1,967
56	DRUGS CHARGED TO PATIENTS	.264662	105,300	27,869
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.303831		
59 02	IV THERAPY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	.573738		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.169492		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		581,152	234,222
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		581,152	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO 5/31/2009	I	PART B
I	14-1319	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,980,274
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,980,274

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,020,077
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	35,017
18.01	CAH ACTUAL BILLED COINSURANCE	1,725,380
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,259,680
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,259,680
24	PRIMARY PAYER PAYMENTS	410
25	SUBTOTAL	2,259,270
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	67,952
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	67,952
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,327,222
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,327,222
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,331,099
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-3,877
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

50	TO BE COMPLETED BY CONTRACTOR	
51	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
52	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2009 I
 I 14-1319 I I

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,382,895		2,402,992
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	5/31/2009	270,141	5/31/2009	38,671
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/22/2008	6,393	12/22/2008	110,564
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99		263,748		-71,893
SUBTOTAL		2,646,643		2,331,099
4 TOTAL INTERIM PAYMENTS				
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99		NONE		NONE
SUBTOTAL				
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01				
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02		112,767		3,877
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		2,533,876		2,327,222

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

I PROVIDER NO:	I PERIOD:	I PREPARED 10/25/2009
I 14-1319	I FROM 6/ 1/2008	I WORKSHEET E-1
I COMPONENT NO:	I TO 5/31/2009	I
I 14-5464	I	I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII

SNF

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		393,654	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE	NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL		NONE	NONE
4 TOTAL INTERIM PAYMENTS		393,654	
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01		
	SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		393,654	

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 5/31/2009 I
 I 14-Z319 I I

TITLE XVIII

SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,159,522		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/22/2008	14,454		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		-14,454		NONE
4 TOTAL INTERIM PAYMENTS		1,145,068		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)		30,219		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,114,849		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	
I	COMPONENT NO:	I	TO 5/31/2009	I	WORKSHEET E-2
I	14-Z319	I		I	

TITLE XVIII

SWING BED SNF

PART A
1PART B
2

COMPUTATION OF NET COST OF COVERED SERVICES

1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	908,632
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)	
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	221,866
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
5	PROGRAM DAYS	1,074
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY	
8	SUBTOTAL	1,130,498
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	
10	SUBTOTAL	1,130,498
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)	
12	SUBTOTAL	1,130,498
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	15,649
14	80% OF PART B COSTS	
15	SUBTOTAL	1,114,849
16	OTHER ADJUSTMENTS (SPECIFY)	
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL	1,114,849
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
20	INTERIM PAYMENTS	1,145,068
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
21	BALANCE DUE PROVIDER/PROGRAM	-30,219
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 5/31/2009	I	PART II
I	14-1319	I		I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,863,711
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,863,711
5	PRIMARY PAYER PAYMENTS	236
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,892,110

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
8	ROUTINE SERVICE CHARGES	
9	ANCILLARY SERVICE CHARGES	
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
11	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,892,110
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	363,596
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,528,514
23	COINSURANCE	768
24	SUBTOTAL	2,527,746
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	6,130
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,130
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	2,533,876
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,533,876
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,646,643
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-112,767
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
34	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 10/25/2009
I 14-1319	I FROM 6/ 1/2008	I WORKSHEET E-3
I COMPONENT NO:	I TO 5/31/2009	I PART III
I 14-5464	I	I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 5/31/2009	I	PART III
I	14-5464	I		I	

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

BALANCE SHEET

I
I
IPROVIDER NO:
14-1319

I PERIOD:

I FROM 6/ 1/2008
I TO 5/31/2009

I PREPARED 10/25/2009

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,902,134			
2 TEMPORARY INVESTMENTS	766,775			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,466,953			
5 OTHER RECEIVABLES	647,091			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,167,200			
7 INVENTORY	839,848			
8 PREPAID EXPENSES	227,094			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	8,682,695			
FIXED ASSETS				
12 LAND	1,108,543			
12.01 LAND IMPROVEMENTS	694,224			
13.01 LESS ACCUMULATED DEPRECIATION	-478,169			
14 BUILDINGS	22,596,069			
14.01 LESS ACCUMULATED DEPRECIATION	-10,110,381			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	9,224,758			
18.01 LESS ACCUMULATED DEPRECIATION	-6,894,209			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	16,140,835			
OTHER ASSETS				
22 INVESTMENTS	13,899,295			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	912,273			
26 TOTAL OTHER ASSETS	14,811,568			
27 TOTAL ASSETS	39,635,098			

BALANCE SHEET

I
I
IPROVIDER NO:
14-1319

I PERIOD:

I FROM 6/ 1/2008
I TO 5/31/2009I
I
I

PREPARED 10/25/2009

WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	544,471			
29 SALARIES, WAGES & FEES PAYABLE	1,389,254			
30 PAYROLL TAXES PAYABLE	330,263			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	787,525			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	46,775			
36 TOTAL CURRENT LIABILITIES	3,098,288			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	10,565,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	10,565,000			
43 TOTAL LIABILITIES	13,663,288			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	25,971,810			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	25,971,810			
52 TOTAL LIABILITIES AND FUND BALANCES	39,635,098			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET G-1
I		I	TO 5/31/2009	I	

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3 4
1 FUND BALANCE AT BEGINNING		23,814,273	
2 OF PERIOD			
3 NET INCOME (LOSS)		2,239,502	
4 TOTAL		26,053,775	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 ADDITIONS (CREDIT ADJUSTM			
7 RESTRICTED CONTRIBUTIONS	108,855		
8			
9			
10 TOTAL ADDITIONS		108,855	
11 SUBTOTAL		26,162,630	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 UNREALIZED GAINS AND LOSS	190,820		
14			
15			
16			
17			
18 TOTAL DEDUCTIONS		190,820	
19 FUND BALANCE AT END OF		25,971,810	
PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND
	5	6	7 8
1 FUND BALANCE AT BEGINNING			
2 OF PERIOD			
3 NET INCOME (LOSS)			
4 TOTAL			
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 ADDITIONS (CREDIT ADJUSTM			
7 RESTRICTED CONTRIBUTIONS			
8			
9			
10 TOTAL ADDITIONS			
11 SUBTOTAL			
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 UNREALIZED GAINS AND LOSS			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF			
PERIOD PER BALANCE SHEET			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,256,595		2,256,595
4 00 SWING BED - SNF	428,040		428,040
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	415,551		415,551
8 00 OTHER LONG TERM CARE	1,530,342		1,530,342
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,630,528		4,630,528
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,630,528		4,630,528
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE			
17 00 ANCILLARY SERVICES	12,599,034	29,501,834	42,100,868
18 00 OUTPATIENT SERVICES		355,456	355,456
19 00 HOME HEALTH AGENCY		601,968	601,968
24 00			
25 00 TOTAL PATIENT REVENUES	17,229,562	30,459,258	47,688,820

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		25,429,410
ADD (SPECIFY)		
27 00 BAD DEBT EXPENSE	951,566	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		951,566
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		26,380,976

STATEMENT OF REVENUES AND EXPENSES

I
I
IPROVIDER NO:
14-1319

I PERIOD:

I FROM 6/ 1/2008
I TO 5/31/2009I PREPARED 10/25/2009
I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	47,688,820
2	LESS: ALLOWANCES AND DISCOUNTS ON	21,102,005
3	NET PATIENT REVENUES	26,586,815
4	LESS: TOTAL OPERATING EXPENSES	26,380,976
5	NET INCOME FROM SERVICE TO PATIENT	205,839
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	116,943
7	INCOME FROM INVESTMENTS	537,104
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	145,816
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	355,460
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	OTHER REVENUE	9,700
24.02	FOUNDATION ACTIVITY	52,827
24.03	ATHLETIC TRAINING	16,980
24.04	SUMMIT	60,462
24.05	OUTREACH SERVICES	48,250
24.06	PROPERTY TAX REVENUE	690,121
24.07		
25	TOTAL OTHER INCOME	2,033,663
26	TOTAL	2,239,502
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	2,239,502

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	93,298				42,668	135,966
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	226,771		25,566			252,337
7 PHYSICAL THERAPY			11,353			11,353
8 OCCUPATIONAL THERAPY			1,874			1,874
9 SPEECH PATHOLOGY			217			217
10 MEDICAL SOCIAL SERVICES			440			440
11 HOME HEALTH AIDE	22,569		7,665			30,234
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	342,638		47,115		42,668	432,421

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL		135,966	-8,604	127,362
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE		252,337		252,337
7 PHYSICAL THERAPY		11,353		11,353
8 OCCUPATIONAL THERAPY		1,874		1,874
9 SPEECH PATHOLOGY		217		217
10 MEDICAL SOCIAL SERVICES		440		440
11 HOME HEALTH AIDE		30,234		30,234
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)		432,421	-8,604	423,817

Health Financial Systems
COST ALLOCATION -
HHA GENERAL SERVICE COST

MCRIF32

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED 10/25/2009
I 14-1319	I FROM 6/ 1/2008	I WORKSHEET H-4
I HHA NO:	I TO 5/31/2009	I PART I
I 14-7450	I	I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	127,362				127,362	127,362
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	252,337				252,337	108,409
7	PHYSICAL THERAPY	11,353				11,353	4,877
8	OCCUPATIONAL THERAPY	1,874				1,874	805
9	SPEECH PATHOLOGY	217				217	93
10	MEDICAL SOCIAL SERVICES	440				440	189
11	HOME HEALTH AIDE	30,234				30,234	12,989
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	423,817				423,817	

TOTAL

6

GENERAL SERVICE COST CENTERS		
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
HHA REIMBURSABLE SERVICES		
6	SKILLED NURSING CARE	360,746
7	PHYSICAL THERAPY	16,230
8	OCCUPATIONAL THERAPY	2,679
9	SPEECH PATHOLOGY	310
10	MEDICAL SOCIAL SERVICES	629
11	HOME HEALTH AIDE	43,223
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
HHA NONREIMBURSABLE SERVICES		
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	423,817

Health Financial Systems
COST ALLOCATION -
HHA STATISTICAL BASIS

MCRIF32

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET H-4
I	HHA NO:	I	TO 5/31/2009	I	PART II
I	14-7450	I		I	

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
1	GENERAL SERVICE COST CENTERS					
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
					-127,362	296,455
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)					
					-127,362	296,455
25	COST TO BE ALLOCATED					
26	UNIT COST MULTIPLIER					
						127,362
						.429617

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	DATA PROCESS ING 6.02	PURCHASING, RECEIVING AN 6.03
1 ADMIN & GENERAL		10,929	10,144	20,718	12,555	1,980
2 SKILLED NURSING CARE	360,746			50,356		
3 PHYSICAL THERAPY	16,230					
4 OCCUPATIONAL THERAPY	2,679					
5 SPEECH PATHOLOGY	310					
6 MEDICAL SOCIAL SERVICES	629					
7 HOME HEALTH AIDE	43,223			5,012		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	423,817	10,929	10,144	76,086	12,555	1,980
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	ADMINISTRATI VE & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL		5,284	61,610	7,240	16,200	
2 SKILLED NURSING CARE			411,102	48,311		
3 PHYSICAL THERAPY			16,230	1,907		
4 OCCUPATIONAL THERAPY			2,679	315		
5 SPEECH PATHOLOGY			310	36		
6 MEDICAL SOCIAL SERVICES			629	74		
7 HOME HEALTH AIDE			48,235	5,668		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,284	540,795	63,551	16,200	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL	3,723					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,723					
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL	7,342	6,198	102,313		102,313	
2 SKILLED NURSING CARE			459,413		459,413	87,777
3 PHYSICAL THERAPY			18,137		18,137	3,465
4 OCCUPATIONAL THERAPY			2,994		2,994	572
5 SPEECH PATHOLOGY			346		346	66
6 MEDICAL SOCIAL SERVICES			703		703	134
7 HOME HEALTH AIDE			53,903		53,903	10,299
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,342	6,198	637,809		637,809	102,313
21 UNIT COST MULTIPLIER						0.191062

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/25/2009
I	14-1319	I	FROM 6/ 1/2008	I	WORKSHEET H-5
I	HHA NO:	I	TO 5/31/2009	I	PART I
I	14-7450	I		I	

HHA 1

HHA COST CENTER	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	547,190
3 PHYSICAL THERAPY	21,602
4 OCCUPATIONAL THERAPY	3,566
5 SPEECH PATHOLOGY	412
6 MEDICAL SOCIAL SERVICES	837
7 HOME HEALTH AIDE	64,202
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	637,809
21 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (GROSS SALARIES	DATA PROCESS ING (TIME SPENT	PURCHASING, RECEIVING AN (SUPPLY COST	ADMITTING (GROSS CHARGES
	3	4	5	6.02	6.03	6.04
1 ADMIN & GENERAL	1,250	9,986	93,298	1,275	25,023	
2 SKILLED NURSING CARE			226,771			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			22,569			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,250	9,986	342,638	1,275	25,023	
21 COST TO BE ALLOCATED	10,929	10,144	76,086	12,555	1,980	
22 UNIT COST MULTIPLIER	8.743200	1.015822	0.222059	9.847059	0.079127	

HHA COST CENTER	CASHIERING/A CCOUNTS RECE (GROSS PT. CHARGES	RECONCILIATI ON	ADMINISTRATI VE & GENERAL (ACCUM. COST	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (HOURS OF SERVICE
	6.05	6A.06	6.06	8	9	10
1 ADMIN & GENERAL	601,968		61,610	1,250		1,575
2 SKILLED NURSING CARE			411,102			
3 PHYSICAL THERAPY			16,230			
4 OCCUPATIONAL THERAPY			2,679			
5 SPEECH PATHOLOGY			310			
6 MEDICAL SOCIAL SERVICES			629			
7 HOME HEALTH AIDE			48,235			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	601,968		540,795	1,250		1,575
21 COST TO BE ALLOCATED	5,284		63,551	16,200		3,723
22 UNIT COST MULTIPLIER	0.008778		0.117514	12.960000		2.363810

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 5/31/2009 I PART II
 I 14-7450 I

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED 11	CAFETERIA (FTE'S) 12	NURSING ADMINISTRATION (FTE'S) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY (GROSS PT. CHARGES) 17
1 ADMIN & GENERAL						601,968
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						601,968
21 COST TO BE ALLOCATED						7,342
22 UNIT COST MULTIPLIER						0.012197

SOCIAL SERVICE
 (TIME
 SPENT)
 18

HHA COST CENTER	18
1 ADMIN & GENERAL	1,500
2 SKILLED NURSING CARE	
3 PHYSICAL THERAPY	
4 OCCUPATIONAL THERAPY	
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19)	1,500
21 COST TO BE ALLOCATED	6,198
22 UNIT COST MULTIPLIER	4.132000

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
I 14-1319 I FROM 6/ 1/2008 I WORKSHEET H-6
I HHA NO: I TO 5/31/2009 I PARTS I II & III
I 14-7450 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES								PART A
1	SKILLED NURSING	2	547,190	2	547,190	3,889	140.70	1,192
2	PHYSICAL THERAPY	3	21,602	97,218	118,820	1,727	68.80	764
3	OCCUPATIONAL THERAPY	4	3,566	19,811	23,377	285	82.02	124
4	SPEECH PATHOLOGY	5	412	3,580	3,992	33	120.97	10
5	MEDICAL SOCIAL SERVICES	6	837		837	67	12.49	16
6	HOME HEALTH AIDE SERVICE	7	64,202		64,202	1,166	55.06	490
7	TOTAL		637,809	120,609	758,418	7,167		2,596

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
1	SKILLED NURSING	1,243		167,714	174,890	342,604
2	PHYSICAL THERAPY	500		52,563	34,400	86,963
3	OCCUPATIONAL THERAPY	100		10,170	8,202	18,372
4	SPEECH PATHOLOGY	17		1,210	2,056	3,266
5	MEDICAL SOCIAL SERVICES	50		200	625	825
6	HOME HEALTH AIDE SERVICES	417		26,979	22,960	49,939
7	TOTAL	2,327		258,836	243,133	501,969

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
8	SKILLED NURSING	1960					
9	PHYSICAL THERAPY	1960					
10	OCCUPATIONAL THERAPY	1960					
11	SPEECH PATHOLOGY	1960					
12	MEDICAL SOCIAL SERVICES	1960					
13	HOME HEALTH AIDE SERVICE	1960					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
8	SKILLED NURSING					12
9	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
14	TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 10/25/2009
 I 14-1319 I FROM 6/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 5/31/2009 I PARTS I II & III
 I 14-7450 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00		991	991	8,000	.123875	844
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	1,417		105	176
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WKST S-4	1960	
17 PER BENE COST LIMITATION (FRM FI)	1960	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.401645	242,050	97,218	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.474798	41,725	19,811	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.728303	4,915	3,580	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.684058	1,448	991	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.264662			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS ----		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY		68.80					
2 OCCUPATIONAL THERAPY		82.02					
3 SPEECH PATHOLOGY		120.97					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT
SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 10/25/2009
I 14-1319	I FROM 6/ 1/2008	I WORKSHEET H-7
I HHA NO:	I TO 5/31/2009	I PARTS I & II
I 14-7450	I	I

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	CHARGES PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	301,252	268,901	
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6 TOTAL CUSTOMARY CHARGES	301,252	268,901	
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	301,252	268,901	
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	333,209	279,600
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		11,728
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	1,342	2,187
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,055	2,913
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	339,606	296,428
13 EXCESS REASONABLE COST		
14 SUBTOTAL	339,606	296,428
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	339,606	296,428
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	339,606	296,428
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	339,606	296,428
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	339,606	296,428
25 INTERIM PAYMENTS	339,606	296,428
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		339,606		296,428
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		339,606		296,428
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		339,606		296,428

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.